

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09/101518

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	28 minus 20 = *	8
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

RATE	FEE
	720
	<del>790.00</del>
x\$22=	176
x82=	
+270=	
TOTAL	

**BEST AVAILABLE COPY**

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** 28	=
	Independent	*	Minus	*** 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SERIAL NUMBER

09/101518

TO: OFFICE OF FINANCE  
FROM: CRYSTAL PLAZA 2, LOBBY

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE	AMOUNT	FEE CODE	AMOUNT
BASIC FEE		CLAIMS/MULTIPLE DEPENDENT	
<u>960</u>	<u>          </u>	<u>964</u>	<u>          </u>
<u>961</u>	<u>          </u>	<u>965</u>	<u>          </u>
<u>970</u>	<u>          </u>	<u>966</u>	<u>176<sup>00</sup> (8)</u>
<u>971</u>	<u>          </u>	<u>967</u>	<u>          </u>
<u>958</u>	<u>          </u>	<u>968</u>	<u>          </u>
<u>959</u>	<u>          </u>	<u>969</u>	<u>          </u>
<u>956</u>	<u>720<sup>00</sup></u>	LATE FEES/SURCHARGE	
<u>957</u>	<u>          </u>	<u>154</u>	<u>130<sup>00</sup></u>
<u>962</u>	<u>          </u>	<u>254</u>	<u>          </u>
<u>963</u>	<u>          </u>	<u>156</u>	<u>          </u>
OTHER:		<u>581</u>	<u>          </u>
<u>581</u>	<u>          </u>		
<u>241</u>	<u>          </u>		
<u>141</u>	<u>          </u>		

THE ORIGINAL METHOD OF PAYMENT

           BY A CHECK

  ✓   BY A CHARGE TO DEPOSIT ACCOUNT NO. 08-3425

DO/EO FEE

